

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 170
Registered No. 507

PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village Box 184 - Claypool - Ariz.
City Miami No. Claypool, Arizona St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Dorothy Stanich { If child is not yet named, make supplemental report, as directed.

3. Sex of Child female To be answered ONLY In event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? yes 7. Date of birth Oct. 27 - 1929
Month Day Year

9. FATHER
Full name John Stanich
Residence (Usual place of abode) Claypool, Arizona
If non-resident, give place and state. Arizona

10. Color or race Cauc. 11. Age at last birthday 34 (Years)
12. Birthplace (city or place) Bosna
(State or country) Juga Slavia

13. Occupation
Nature of industry Butcher

14. MOTHER
Full maiden name Mildred Hydunovich
Residence (Usual place of abode) Claypool, Arizona
If non-resident, give place and state. Arizona

16. Color or race Cauc. 17. Age at last birthday 25 (Years)
18. Birthplace (city or place) Hibbing
(State or country) Minn.

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 4 (a) Born alive and now living 4
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2 A. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Eyril M. Brown M.D.
Physician (Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filled Nov 12, 1929 E. E. Brown Registrar

428-1027-488